

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048023

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6796

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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26090

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9421.1

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12 68-0

13

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH DEC 27 1963

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Liberty

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS Rt. 3

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

Middle

Last

John

W.

Goodman

4. DATE OF DEATH

Month

Day

Year

December 14, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-24-1892

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
commercial fisherman

10b. KIND OF BUSINESS OR INDUSTRY  
self employed

11. BIRTHPLACE (City and state or country)  
Lamine, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

James H. Goodman

13b. MOTHER'S MAIDEN NAME

Libby Kulow

14. NAME OF HUSBAND OR WIFE

Lena Goodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
R. E. Urton 1013 Freemont KC, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Calcific aortic stenosis

INTERVAL BETWEEN ONSET AND DEATH  
Years  
No. Unknown

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Bilateral Adrenal cortical adenoma

PART III. If deceased was female was there a pregnancy in last 90 days.

Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from September 23, 1963 to December 14, 1963 last saw him alive on December 14, 1963  
Death occurred at 5:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Wm. H. Goodson, Jr. M.D.

22b. ADDRESS

1322 Professional Building

22c. DATE SIGNED

12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

12-17-63

23c. NAME OF CEMETERY OR CREMATORY

Orient Cemetery

23d. LOCATION (City, town, or county)

Harrisonville, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Pasley Funeral Home Liberty, Mo.

25. DATE RECD. BY LOCAL REG.

12-16-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Parley

Licensed Embalmer No. 4308

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.